PROGESTOGEN ONLY ORAL CONTRACEPTION

What's New

The drospirenone pill is marketed in the UK but not yet SMC approved- manufacturer submission is awaited

Tirzepatide may reduce efficacy of POPs

Introduction

The progestogen-only pill (POP) is suitable for women of childbearing age who wish low dose oral hormonal contraception or who have contraindications to the use of oestrogens.

The primary mode of action of most progestogen only pills is to alter the cervical mucus making it inhospitable to sperm. There is also an effect on ovulation with anovulatory cycles reported in many women.

Prevention of ovulation is the primary mode of action of desogestrel (DSG) and drospirenone (DRSP) progestogen-only pills.

This guideline will use the terms 'woman' , 'she' or 'herself' in accordance with the Women's Health Plan Scotland[6], and will encompass all those who identify as women who require access to women's health and reproductive services. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience menstrual cycles, pregnancy, endometriosis and the menopause. All healthcare services should be respectful and responsive to individual needs

Efficacy[1]

The risk of pregnancy during the first year of use is 9%. With perfect use the failure rate is less than 1%

There is no robust evidence for decreased efficacy in heavier women. Faculty of Sexual and Reproductive Healthcare (FSRH) advice is that women over 70kg should be advised to take only one POP each day (traditional or desogestrel).

Choice of Pill

Desogestrel is first line choice and should be prescribed generically The drospirenone pill is marketed in the UK but not yet SMC approved- manufacturer submission is awaited

12 months' supply of currently marketed desogestrel POP costs the NHS about £10 -12 depending on brand and contract purchase costs. BNF price for the new drospirenone POP is £44.10 for 12 months

Note: noriethisterone POP is marketed as Noriday; levonorgestrel POP is marketed as Norgeston

Common Side Effects(>1/100)

- Menstrual irregularities
- Skin disorders
- Breast tenderness
- Nausea

Less Common Side Effect(<1/100)

- Dizziness
- Mood disturbance
- Appetite disturbance
- Changes in libido

Breast cancer. Use of any progestogen-only method of contraception may be associated with a small increased risk of breast cancer similar to use of the combined pill.

Ectopic pregnancy (< 1/100)
Up to 10% of pregnancies that occur in traditional POP users may be ectopic, so women should be informed to seek help if they have symptoms of possible ectopic pregnancy e.g. lower abdominal pain, shoulder tip pain.

Drug Interactions

Advise women taking an enzyme inducer for >2 months to change to an alternative method. If short-term use (<2 months) is anticipated, the woman may continue POP use and take additional precautions e.g. condoms whilst taking, and for 28 days after discontinuing, the enzyme inducer. Alternatively, she could be prescribed a one-off dose of progestogen-only injection to cover the period of risk [4].

Individuals using tirzepatide (Mounjaro®)and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase[7].

Assessment of Client Suitability

History

Clinical history taking and examination allow an assessment of medical eligibility for POP using the UK medical eligibility criteria: https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/

In this context the history should include: relevant social and sexual history (to assess risk of sexually transmitted infections – STIs), medical, family and drug history as well as details of reproductive health and previous contraceptive use.

Note [1,10]**,:** DRSP POP should not be used by individuals with

- severe renal insufficiency,
- acute renal failure,
- hyperkalaemia,
- untreated hypoaldosteronism,
- users of potassium sparing diuretics, aldosterone antagonists, potassium supplements

Use with caution with mild/moderate renal impairment and treated hypoaldosteronism,

Examination

No routine examinations required in asymptomatic patients except check BP in people over 50 who are being considered for DRSP POP

Blood tests

Check U&E in people with risk factors for chronic renal disease if considering DRSP

Documentation

- Complete or update the relevant parts of NaSH.
- Give written method information including contact number to client.
- Record and date the prescription in NaSH.
- If supply is under patient group direction complete relevant documentation as local protocol.
- For new starts, notify the GP if permission has been given for correspondence.

Starting Regimens for POP

Ensure client understands the method to aid satisfaction and compliance and knows to take one tablet daily at the same time. Discuss methods such as phone reminders to support regular pill taking.

1. **No Extra Precautions required if starting**

    - Day 1 – 5 of the cycle (day 1 for DRSP POP)
    - Up to 21 days postpartum; lactation is not affected
    - Days 1-5 post-termination or miscarriage. (day 1 for DRSP POP)
    - While taking combined pill: change by instant switch (that is, without the COC pill-free interval).
    - While using injectable contraception, POP should be started at least 2 days before the next injection is due at 14 weeks after previous injection. (7 days for DRSP POP).
    - With intrauterine contraception or implant in situ (within licence limit).
      Remove the IUS/IUD/implant at least 48 hours after starting the POP (7 days for DRSP POP).

2. POP may be started at any time in the cycle if it is reasonably certain that the client is not pregnant, using additional contraceptive precautions for two days (7 days for DRSP POP).

3. A POP started immediately after ulipristal emergency contraception (UPA-EC) could potentially reduce the effectiveness of the UPA-EC. The POP should be started 5 days after UPA-EC is taken .See WoS Emergency Contraception guideline.

Vomiting and diarrhoea

Gastrointestinal upsets, such as vomiting or severe diarrhoea, may interfere with the absorption of the pill leading to a reduction in contraceptive efficacy.

Follow missed pill rules if vomiting occurs within a few hours of pill taking (see manufacturer instructions below) or if severe diarrhoea persists for >24 hours [5,7].

Manufacturer advice

Desogestrel: vomiting within 3-4 hours of taking tablet : follow missed tablet advice[8]

Norgeston®: vomiting within 2 hours of taking tablet: take another pill should be taken as soon as possible. If a replacement pill is not taken within 3 hours follow missed pill advice. Persistent vomiting and/or very severe diarrhea: use additional barrier contraceptive during the illness and for 7 days after recovery[3].

Noriday®: Women should continue to take Noriday and use another contraceptive method during the period of vomiting/diarhoea and for the next 7 days[9]

Slynd® : vomiting or diarrhoea within 3-4 hours after tablet taking, take another tablet as soon as possible and within 24 hours of the usual time of tablet-taking. If more than 24 hours elapse, follow missed pill advice

Missed Pills

Desogestrel POP

36 hours since last pill taken

i.e. > 12 hours late

Traditional POP

27 hours since last pill taken

i.e. > 3 hours late

- Take missed pill as soon as it is remembered
- Take the next pill at the usual time
- Use extra contraceptive precaution (condoms, abstinence) for 2 days/48 hours after restarting POP
- Emergency contraception is indicated if unprotected sexual intercourse occurred in the time between the pill becoming late and 48 hours after recommencing the pill

See WoS Emergency Contraception Guidance

DRSP POP

48 hours since last pill taken
i.e. > 24 hours late
or > 24 since new pack should have been started after hormone free interval

One or more active pills missed:

- Take last pill asap
- Take next pill at usual time
- Use extra contraceptive precaution(condoms, abstinence) for 7 days hours after restarting POP
- OMIT placebo pills if any of last 7 active pills missed

Missed placebo pills: dispose of missed pills, continue pills; ensure new pack started on time. If new pack not started on time follow missed pill rules above

Emergency contraception is indicated if

- one or more missed pills days 1-7 after placebo pills and UPSI during placebo pills or week 1
- 4 or more were missed days 8-17 and there was UPSI from the time that the first pill was missed until correct pill-taking had resumed for 7 days
- 4 or more were missed days 18-24 and there was UPSI from the time that the first pill was missed until correct pill-taking had resumed for 7 days i.e HFI omitted
- Any other combination of missed pills during days 18–24 or if pills were missed earlier in the packet.

See WoS Emergency Contraception Guidance

Follow Up Arrangements

Return Visit

Women may be offered up to 12 months of POP at her first and subsequent visit, with follow up yearly to ensure satisfaction and concordance with the method. Thereafter, there should be a flexible approach to contraceptive supply with ease of access should problems arise.

References

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